



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

STEVE HOLT FOR COMMISSIONER

2. Acronym or abbreviated name, if any

3. Committee telephone number
(317) 848.9545

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

606 HAMPSHIRE CT

5. City, state, ZIP code

CARHILL, IN 46032

6. Party affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

STEVEN A. HOLT

8. Party affiliation or if independent candidate

REPUBLICAN

9. Office sought (Include district number, if any. Not required for exploratory committee.)

COUNTY COMMISSIONER

10. County of residence

HAMILTON

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: OCTOBER 11, 2008 Through: DECEMBER 31, 2008

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

88,234.36

14. Cash on hand and investments January 1, current year.

99,515.62

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

1,000.00

15b. Unitemized

15c. Add lines 15 a and 15b in both columns

SUBTOTAL

1,000.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

100,515.62

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

4,683.27

16,873.27

17b. Unitemized

200.00

291.26

17c. Add lines 17a and 17b in both columns

SUBTOTAL

17,164.53

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

83,351.09

83,351.09

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

Signature on File

I, the undersigned, certify that the foregoing is a true and correct copy of the original report as filed with the Indiana Election Commission.

Title
Treasurer

Date
1/11/09

Date
1/14/09

Not to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Approved _____

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (**over \$200, if regular party committee**). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER _____

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Connor Prairie 13400 Allisonville Rd Fishers, IN 46038		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Support	2,000.00	2,000.00	11/9 + 12/14/08
Code <u>C</u> Steve Holt 83 S. 9TH ST. NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Leean Murray Appreciation Event.	1,683.27	1,683.27	11/16/08
Code <u>C</u> Governor's Luncheon for BSA-CAC 1900 N. Meridian St. Indianapolis, IN 46206	Scouting	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000.00	4,000.00	11/16/08
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 4,683.27		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 4,683.27		